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Follow-up to UNAIDS Programme Coordinating Board meeting

Report on the implementation of the decisions and recommendations of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS

Summary

The present report addresses the implementation of the decisions and recommendations of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS (UNAIDS). The report focuses on the implementation of decisions from the 36th and 37th Board meetings, held in July and October 2015, respectively.

Elements of a decision

The Executive Board may wish to take note of the joint UNDP/UNFPA report on the implementation of the decisions and recommendations of the Programme Coordinating Board of UNAIDS the Joint United Nations Programme on HIV/AIDS.

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I. Context

1. The 2030 Agenda for Sustainable Development challenges the global community to address health, human rights, humanitarian response, climate change and other development challenges in a more integrated manner than ever before. Progress on health across the sustainable development goals will require integrated multi-sectoral approaches that maximize synergies between goals, address overlapping vulnerabilities, and deliver shared gains. The AIDS response has been in the vanguard of developing innovative approaches to address a complex development challenge – with impressive results. Since 2010, the extraordinary scale-up of antiretroviral treatment by many of the most affected countries has reduced AIDS-related deaths from 1.5 million in 2010 to 1.1 million in 2015. Global coverage of antiretroviral therapy reached 46 per cent at the end of 2015.

2. The AIDS epidemic is far from over. Progress is markedly different across populations and locations, and significant gaps persist. Progress in reducing numbers of new infections has stalled since 2010. The next phase of the AIDS response faces a vastly changed context: growing inequalities, rising migration, rapid urbanization, escalating humanitarian emergencies, and significant demographic shifts characterized by an aging population in several middle-income economies and swelling populations of young people in many lower-income countries.

3. In June 2003, the Executive Boards of UNDP and UNFPA, the United Nations Children's Fund (UNICEF), and the World Food Programme agreed that follow-up to the UNAIDS Programme Coordinating Board meetings would be placed on the agendas of their Boards as a regular item.

4. The present report, prepared jointly by UNDP and UNFPA, provides an update on the decisions and recommendations of the 36th and 37th meetings of the Programme Coordinating Board, held in June and October 2015, respectively. Issues of particular relevance to UNDP and UNFPA included the AIDS response in the post-2015 development agenda; adoption of the UNAIDS strategy, 2016-2021: *On the Fast-Track to End AIDS*[1], and the UNAIDS unified budget results and accountability framework, 2016-2021.

5. This report also provides an overview of UNDP and UNFPA results in addressing HIV in the context of broader work on health, human rights and development. More detailed results for both organizations are available[2].

II. Decisions and recommendations of the Programme Coordinating Board

6. This chapter includes a brief overview of Programme Coordinating Board decisions relevant to UNDP and UNFPA. Further information on implementation is included in chapter III.

The AIDS response and the 2030 Agenda for Sustainable Development

7. The AIDS response in the post-2015 development agenda has been a standing item for the Programme Coordinating Board since 2013. Board members emphasized the importance of moving from commitment to implementation under the 2030 Agenda. Member States were encouraged to advocate for a global indicator framework that would accurately monitor progress on the AIDS response in all countries and for all populations. They were also encouraged to advocate for reflecting key approaches to the AIDS response in the global framework for follow-up and review to be elaborated at the High-level Political Forum on Sustainable Development, in particular the inclusion and meaningful participation of the most affected communities.

[1] UNAIDS strategy, 2016-2021: *On the Fast-Track to End AIDS*. October 2015
[2] UNAIDS unified budget, results and accountability framework, 2015; performance monitoring report: detailed analysis

8. The sustainable development goals provide an opportunity to critically examine how we need to change to effectively deliver Agenda 2030. The Programme Coordinating Board asked the Joint Programme to undertake advocacy efforts to influence the political declaration resulting from the 2016 High-level Meeting on Ending AIDS. Board members said the outcome document should include a commitment to address the social and economic drivers of HIV and should effectively connect HIV with the eradication of extreme poverty, ending hunger and inequality, and promoting human rights, dignity for all, education and social protection, including the right to enjoy the highest attainable standard of health and implementation of universal health coverage. The Board stressed the importance of concrete action towards gender equality and the empowerment of women and girls.

UNAIDS strategy, 2016-2021: 'On the Fast-Track to end AIDS'

9. At its 37th meeting, the Programme Coordinating Board adopted a new strategy to end the AIDS epidemic as a public health threat by 2030. The UNAIDS strategy, 2016-2021, 'On the Fast-Track to end AIDS', is the first in the United Nations system to be aligned with the sustainable development goals. The eight results areas are organized around five of the goals most relevant to the AIDS response, all of which will require multi-sectoral development efforts to ensure good health, reduce inequalities, achieve gender equality, promote just and inclusive societies, and revitalize global partnerships. Other goals are also pertinent to the AIDS response (see figure 1).

Figure 1. HIV and the sustainable development goals

10. The UNAIDS strategy maps out the fast-track approach to accelerating the AIDS response so as to reach critical HIV prevention and treatment targets and eliminate HIV-related discrimination. The strategy calls for concerted action to address the social and structural drivers of HIV risk and vulnerability and to promote and protect human rights; it emphasizes meeting the needs of young people, women and girls, and vulnerable populations.

11. The Programme Coordinating Board expressed appreciation for the strong grounding of the strategy in human rights principles. Board members cited the importance of ensuring access to sexual and reproductive health and rights. Particular concern was expressed regarding the urgency

of closing access gaps for key populations and vulnerable groups. Members emphasized that implementation of the strategy will need to take account of local characteristics, epidemiology and contexts, focusing on priority locations and populations. The Programme Coordinating Board requested UNAIDS cosponsors to ensure that the relevant aspects of their upcoming strategic plans and results frameworks for 2018-2021 are consistent with the UNAIDS strategy, 2016-2021, unified budget results and accountability framework, and aligned with relevant strategies of the Global Fund to Fight AIDS, Tuberculosis and Malaria. UNDP has developed a HIV, health and development strategy, 2016-2021: *Connecting the Dots*, which is aligned with the 2030 Agenda for Sustainable Development and the UNAIDS strategy, 2016-2021.

UNAIDS unified budget results and accountability framework, 2016-2021

12. The 37th Programme Coordinating Board adopted the unified budget, results and accountability framework, 2016-2021, including a core budget of $485 million. The framework, developed in parallel with the new strategy, is an instrument to translate the strategy of the Joint Programme into action. It takes into account the recommendations of the Quadrennial Comprehensive Policy Review, including a focus on specific results and goals, 'delivering as one', and enhancing effectiveness, transparency and accountability. The framework results chain consists of outputs linked to broader results and targets in the strategy, the sustainable development goals to which these are pertinent, and the ultimate vision: 'zero new HIV infections, zero AIDS-related deaths, zero discrimination'.

13. The Programme Coordinating Board urged intensification of resource mobilization efforts and full funding of the unified budget, results and accountability framework, 2016-2021. Board members noted the need for sufficient funding of the UNAIDS secretariat to ensure its ability to fulfil its core functions in implementing the strategy. The Board noted that cosponsors have mobilized additional resources for the AIDS response; cosponsors were encouraged to further strengthen their role in resource mobilization to support their programmatic contributions to the Joint Programme. It is important to note that the cosponsors' ability to leverage such additional resources is based on a critical capacity largely funded through core unified budget, results and accountability framework funds. Noting the leading role of the Joint Programme in the context of the broader AIDS response, the Board underlined the urgent need for increased investments to accelerate scale-up of the response to meet the ambitious targets of the UNAIDS strategy.

2016 United Nations Political Declaration on Ending AIDS

14. In June 2016, world leaders adopted the United Nations political declaration on HIV and AIDS: 'On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030'.

15. The declaration calls on the world to achieve the following goals in support of the 2030 Agenda: (a) reduce new HIV infections to fewer than 500,000 globally by 2020; (b) reduce AIDS-related deaths to fewer than 500,000 globally by 2020; and (c) eliminate HIV-related stigma and discrimination by 2020. The declaration affirms that these goals can only be realized with strong leadership and the engagement of people living with HIV, communities, civil society, the private sector and governments.

III. UNDP and UNFPA transformative results

16. The targets and commitments adopted in the 2016 political declaration seek to guide the world in ending AIDS as a public health threat, including by strengthening the critical linkages between HIV, health, development, injustice, inequality, poverty and conflict. This chapter, structured according to the goals of the declaration, highlights the achievements of UNDP and UNFPA.

Doubling the number of people on treatment

17. In the 2016 political declaration, Member States committed to ensuring that 90 per cent of people (children, adolescents and adults) living with HIV know their status; 90 per cent of people living with HIV who know their status are receiving treatment; and 90 per cent of people on treatment have suppressed viral loads. At the end of 2015, the number of people on HIV treatment reached 17 million, exceeding the 2015 target of reaching 15 million people. Increasing coverage to life-saving HIV treatment is critical for achieving sustainable development goal 3, ensuring healthy lives and well-being for all.

18. As of 15 March 2016, UNDP managed 41 Global Fund grants covering 23 countries and three regional programmes in South Asia, the Western Pacific, and Africa, covering a total of 27 countries. Since 2003, the Global Fund and UNDP have jointly supported countries in saving 2.2 million lives from AIDS, tuberculosis and malaria, enabling people to contribute to their households, communities and the economies of their respective countries.

19. At present, 1.8 million people are on life-saving antiretroviral treatment through the UNDP-Global Fund partnership. Since the beginning of the partnership, 848,000 cases of tuberculosis have been detected and have received treatment; 11 countries have achieved a tuberculosis case detection rate that exceeds the global target of 70 per cent; 70 million malaria cases have been treated; 33 million bed nets have been distributed; and six countries have reduced their incidence of malaria by 75 per cent. In 2015, Cuba, where UNDP has managed Global Fund HIV grants since 2003, eliminated mother-to-child transmission of HIV and congenital syphilis. Kyrgyzstan, where UNDP managed the malaria Global Fund grant, received the WHO malaria-free certification.

20. UNDP outperforms all other implementers of Global Fund grants combined. Ninety-six per cent of UNDP grants are rated A1, A2 or B1 ('exceeding expectations', 'meeting expectations' or 'adequate') by the Global Fund; 70 per cent are rated A1 or A2 (38 per cent for other implementers).

21. Despite operating in challenging country contexts, UNDP continues to bring a unique combination of high performance levels, results, and value for money to its partnership with the Global Fund. In 2015, for example, UNDP achieved significant reductions in the price of HIV medicines that it procured, bringing down the cost of the most common treatment combination to $100 per patient per year in Equatorial Guinea, Haiti, Mali, South Sudan, Zambia and Zimbabwe. Those price reductions are saving UNDP $25 million, which will be used to bring anti-retroviral treatment to an additional 250,000 people.

22. The gains in HIV treatment are largely responsible for a global 26 per cent decline in AIDS-related deaths since 2010, from an estimated 1.5 million in 2010 to 1.1 million in 2015[3]. The reduction in deaths since 2010 has been greater among adult women (33 per cent decrease) than among adult men (15 per cent decrease), reflecting higher treatment coverage among women than men, at 52 per cent and 41 per cent, respectively[4]. The gender gap for treatment among adults highlights the impact of gender norms that delay initiation of treatment among men, reduce treatment adherence, and lead to men's accounting for 58 per cent of adult AIDS-related deaths[5]. Declines in donor funding for HIV could jeopardize the long-term financing needed to achieve universal access to treatment.

[3] http://www.unaids.org/sites/default/files/media_asset/global-AIDS-update-2016_en.pdf, p. 4
[4] Ibid.
[5] Ibid.

Accelerating prevention outreach

23. Since 2010, declines in new HIV infections among adults have now slowed, while the estimated annual number of new infections among adults remains nearly static, at about 2.1 million. Infections are on the rise in Eastern Europe and Central Asia, the Caribbean, and the Middle East and North Africa. The global figure hides multiple disparities – across regions, within countries, between men and women, among age groups, and among populations being left behind.

24. HIV prevention targets in the 2016 political declaration encourage countries to promote access to tailored comprehensive HIV prevention services for all women and adolescent girls, migrants and key populations – sex workers; men who have sex with men; people who inject drugs; transgender people; and prisoners. Special efforts will be made to intensify outreach in locations of high HIV transmission with services for populations globally at higher risk of infection. Expanding prevention coverage will require a significant reduction in inequalities (sustainable development goal 10) in access to services and commodities, and promotion of the right of all people to access high-quality HIV services without discrimination.

Adolescents and young people

25. A third of all new HIV infections – two thousand every day – occur among young people. The UNAIDS strategy calls for enabling young people to play a critical role in leading the response by promoting the realization of their right to health and comprehensive education on sexual and reproductive health and HIV prevention.

26. One of the biggest barriers to better sexual and reproductive health and rights and HIV outcomes for adolescents is limited access to the relevant services. Collaborative efforts by UNFPA and UNDP with partners, through advocacy and policy dialogue, are yielding positive results. UNFPA support has resulted in a steady increase in the number of UNFPA programme countries that include adolescents (regardless of marital status to access reproductive health services – from 74 countries in 2013 to 89 in 2015), successfully advocating for legal access to high-quality sexual and reproductive health counselling and HIV services for adolescents and youth.

27. In 46 countries, UNFPA supported the training of 2,350 health workers, 6,647 community leaders, 5,412 peer educators, 9,030 teachers and curriculum developers on comprehensive sexuality education, helping to reach over 2.84 million adolescents and young people with sexual and reproductive health and HIV information and services. In Mongolia, the Fund supported establishment of seven new adolescent- and youth-friendly clinics (increasing the number to 16), resulting in 28,000 young people's benefiting from these services, a 136 per cent increase from 2014. In Zambia, this strategy resulted in a 40 per cent increase in access to and utilization of services, after reaching approximately 100,000 adolescents and young people.

28. UNFPA strengthened in-country campaigns providing onsite information, free counselling and testing for HIV, syndromic treatment of sexually transmitted infections and referral for continued care and support to in- and out-of-school adolescents and young people. As a result, in Nepal, a pre-and post-assessment of 4,400 young people revealed an 85 per cent increase in knowledge about HIV transmission and rejection of major misconceptions after the sessions. With the support of UNFPA and the United Nations Educational, Scientific and Cultural Organization (UNESCO), the East and Southern Africa ministerial commitment to accelerate young people's access to comprehensive sexuality education and sexual and reproductive services made the following progress: all 21 countries that entered into the commitment reported having comprehensive sexuality education training programmes for teachers; 15 of the countries reported providing comprehensive sexuality education in at least 40 per cent of primary schools and secondary schools; 17 countries reported having youth-friendly sexual and reproductive health service training programmes for health and social workers; and 15 reported offering a minimum standards package of adolescent and youth-friendly sexual and reproductive health services.

29. In June 2015, UNDP and UNESCO co-convened the first Asia-Pacific consultation on school bullying on the basis of sexual orientation and gender identity/expression. It was attended by

102participants from 13 countries, who developed action plans to address bullying.

30. UNDP and UNFPA jointly supported 'All-In!' to end adolescent AIDS[6], and UNDP conducted a systematic review of age-of-consent laws in the 25 priority countries. UNFPA conducted a laws and policy review in 23 countries of East and Southern Africa related to age of consent to sexual activity; marriage; access to HIV and sexual and reproductive services; and protection of human rights. The complementary reviews found that many contradictions in laws and policies exist within and across countries, impeding the rights of young people to access sexual and reproductive services. A global overview is under way in 2016.

31. In eight Southern African countries most affected by HIV, the UNFPA flagship youth programme 'Safeguard Young People' has improved the policy and legal environments for young people, strengthened their leadership and participation, trained teachers and outreach workers on comprehensive sexuality education, increased young people's knowledge of and skills concerning adoption of healthier sexual behaviours, and scaled up youth-friendly sexual and reproductive and HIV services. In two years, over 4.4 million young people were reached with at least one 'Safeguard Young People' intervention.

32. UNFPA and partners support *Have you seen my rights?*, a youth movement set up in 2014 to ignite momentum for sexual and reproductive health for youth and to ensure that their rights and needs are not overlooked in the sustainable development goals. In addition, 18 youth advocates from 11 countries were funded to participate in key high-level meetings to push for the recognition of sexual and reproductive health priorities in national and global agendas and implementation plans. National youth-led events were held in 25 countries and identified sexual and reproductive health priorities for further advocacy and mobilization in the implementation of the 2030 Agenda.

33. The World Education Forum, 2015, led by UNESCO in collaboration with UNDP, UNFPA, the Office of the United Nations High Commissioner for Refugees, the United Nations Children's Fund (UNICEF), UN-Women and the World Bank, resulted in the adoption of the Incheon Declaration for Education 2030, which outlines a vision for education for the next 15 years and includes comprehensive sexuality education targets.

34. The Inter-Agency Working Group on key populations, co-convened by UNDP, UNFPA, and the United Nations Office on Drugs and Crime, developed ground-breaking technical briefs on young key populations. The briefs target policymakers, donors, service-planners, service-providers and community-led organizations, and aim to catalyse and inform discussions about how best to provide HIV services and support for young men who have sex with men, young transgender people, young people who inject drugs and those who sell sex.

Achieve gender equality and empower all women and girls

35. The 2016 political declaration commits to achieving gender equality, investing in women's leadership, and ending all forms of violence and discrimination against women and girls so as to increase their capacity to protect themselves from HIV. The engagement of men and boys in these efforts is crucial. Member States emphasized addressing the significant burden of the epidemic on women, especially young women and adolescent girls in sub-Saharan Africa. Sustained attention to the negative health consequences of gender inequality is essential to achieving goal 5 and other sustainable development goals.

36. The Joint Programme including UNDP, UNFPA, and UN-Women, invested considerable effort in developing and rolling out a variety of tools and guides to ensure that gender equality and women's rights were integrated into national HIV responses. These included a gender assessment tool implemented in 40 countries; a HIV and tuberculosis gender assessment guide; a gender programming and costing tool; and a sexual and reproductive health and HIV linkages

[6] The 'All In!' platform focuses on coordinating efforts in 25 priority countries, representing 90 per cent of AIDS-related deaths and 85 per cent of new infections among adolescents.

compendium.

37. UNDP influenced the policies of the Global Fund by producing a gender policy toolbox for the three diseases, comprising an updated gender checklist and new policy guidance. The tools are designed to provide the evidence necessary to link human rights violations, such as gender-based violence, with poor health outcomes, to increase investments in gender-responsive programming.

38. UNFPA and partners, developed multiple tools, including infographic snapshots for 25 countries with indicators on sexual and reproductive health and rights, gender-based violence, women's empowerment, child marriage, and adolescent girls.

39. The Joint Programme supported 65 countries in engaging women living with HIV in decision-making processes, including national HIV responses and Global Fund concept notes. To help mobilize resources for women's organizations, UNDP, UNFPA, UN-Women and the UNAIDS secretariat provided technical support to networks of women living with HIV, and with sex-worker organizations to develop Global Fund concept notes in about 15 countries. UNDP, UNFPA and other partners worked with the Sex Workers' Rights Advocacy Network in Kyrgyzstan and Tajikistan for their meaningful engagement in developing Global Fund concept notes. UNDP, UN-Women, and the UNAIDS secretariat helped establish the International Community of Women Living with HIV in the Asia Pacific region, the first autonomous women-led network of women living with HIV in the region.

40. In response to governments' request, UNDP supported gender-responsive and human rights-based HIV responses in more than 20 countries and promoted sex disaggregation of data as a key component of gender-responsive public investments and budget frameworks. It also supported 27 countries in developing and implementing policies or actions addressing gender equality in national HIV and AIDS plans. In Cambodia, in 2015, for example, UNDP, UNFPA and UN-Women provided technical support for the reformulation of the National Policy on Women, the Girl Child and HIV/AIDS STIs and for the integration of gender equality issues into the National HIV Strategic Plan IV, 2015-2020. In Mozambique, UNDP brokered a relationship between the police and the Ministry of Gender that resulted in human rights and gender-based violence being mainstreamed in training curricula.

41. UNFPA and Promundo published a report on adolescent boys highlighting how harmful social norms drive boys to engage in risky behaviours, and how they can be champions of women's and girls' rights. UNFPA continued to support the institutionalization of the approach of engaging men and boys into national policies and programmes across the globe, including in Ethiopia, Georgia, and Peru.

42. UNDP assisted national partners' environmental and social impact assessments, increasing funding from capital projects for gender-responsive HIV programming in at least eight countries. Lesotho, for example, improved the analysis of HIV and gender in its environmental and social impact reports, and Mozambique included HIV and gender integration in its environmental and social assessments in the new HIV national strategic plan. The African Development Bank is using the guidance notes for their capital projects. Botswana, Namibia, Zambia and Zimbabwe jointly developed a five-year plan to support the environmental and social impact review process and monitor the management plan for the Kazungula Bridge over the Zambezi River.

Addressing gender-based violence

43. HIV is not always recognized as a cause and consequence of gender-based violence, and consistent advocacy is necessary to jointly achieve progress. UNFPA intensified its efforts, resulting in a 30 per cent increase in the number of countries with gender-based violence prevention, protection and response integrated into national sexual and reproductive health programmes, from 67 countries in 2014 to 87 in 2015. Campaigns to reduce violence against women were carried out at the country level, including male involvement to advance gender equality and gender-based violence prevention in Botswana and South Africa, using the 'One Man Can' toolkit and modalities; the 'Good Men' campaign in Cambodia; and the training of 19,200 young people as peer educators on gender-based violence, HIV and reproductive health in Guinea-Bissau, in collaboration with UNAIDS.

44. UNDP, in collaboration with networks of women living with HIV, led research on violations of the rights of HIV-affected women in health-care settings. This work resulted in such violations being addressed in policy and programme documents, including regional reviews of the International Conference on Population and Development Beyond 2014 and the Asia-Pacific Conference on Gender Equality and Women's Empowerment.

45. UNFPA provided critical sexual and reproductive health services and commodities in humanitarian contexts. For example, it provided emergency reproductive health kits in the Arab States countries affected by the humanitarian crises; post-exposure prophylaxis kits in 19 integrated health centres and two district hospitals for survivors of rape in Niger; and post-exposure prophylaxis services to survivors of rape and sexual violence in Ghana, leading to an increase in referral for post-exposure prophylaxis from 6 per cent in 2012 to 27 per cent in 2015.

46. A UNFPA-supported study on violence against women in South Africa was the first-ever national effort to gather and analyse data on the scale, determinants, consequences and responses to violence against women. Campaigns to end child marriage were launched in Ethiopia, Malawi, Mozambique, Zambia and Zimbabwe. UNDP and UNFPA technical support to SADC contributed to the adoption of a model law on child marriage. In Angola, a pilot 'SOS' hotline for cases of domestic violence was launched following a joint gender-based violence prevention initiative by UNAIDS, UNDP, UNFPA, UNICEF, and the World Health Organization (WHO).

47. UNDP strengthened evidence and action on gender-based violence and HIV in 24 countries. It launched a regional initiative in Latin America and the Caribbean to gather evidence of discrimination against women and girls living with and affected by HIV. UNDP and WHO initiated a global programme in 20 countries to integrate and strengthen national policies for gender-based violence, the harmful use of alcohol, and infectious diseases. As part of the programme, evidence on national gender-based violence and HIV policy frameworks was collected and examined.

48. UNDP, UNFPA, WHO, the Office of the High Commissioner for Human Rights (OHCHR), UN-Women, the UNAIDS secretariat, and UNICEF, published a joint inter-agency statement on eliminating forced, coercive and otherwise involuntary sterilization, with guiding principles for the prevention and elimination of coercive sterilization and recommendations for legal, policy and service-delivery actions.

Empowering key populations

49. Key populations at increased risk of HIV infection include sex workers, people who inject drugs, transgender people, prisoners, gay men, and other men who have sex with men. The UNAIDS *Global AIDS Update 2016* shows that in 2014 more than 90 per cent of new HIV infections in Central Asia, Europe, North America, the Middle East and North Africa were among key populations and their sexual partners. In sub-Saharan Africa, key populations accounted for more than 20 per cent of new infections, and HIV prevalence among those populations is often extremely high. This underscores the urgent need to ensure that key populations are fully included in AIDS responses and non-discriminatory services are made available to them. Data show that when services are made available in an environment free of stigma, discrimination and violence,

new HIV infections decline significantly.

50. UNFPA and UNDP led the development of implementation tools for HIV/sexually transmitted infections programming for and with key populations. Following the success of the implementation tool on programming with sex workers, which was rolled out in at least 18 countries, implementation tools for HIV programming for transgender people and men who have sex with men were published.

51. HIV especially affects cities and urban areas, with 200 cities accounting for more than a quarter of the world's people living with HIV. City-led local AIDS responses can support the achievement of sustainable development goal 11. The UNDP-UNFPA-led Urban Health and Justice Initiative operates in 42 cities, supporting positive social transformation by strengthening health and social systems to reach the most marginalized populations. In Mozambique, services for key populations in cities were integrated into the new national strategic plan on AIDS, and the Maputo City Council organized a number of capacity-strengthening activities relating to key populations' access to services and developed three municipal plans (Maputo City, Matola and Xai-Xai). Through the support of the UNDP and other United Nations joint team members, five Zambian cities (Kitwe, Livingstone, Lusaka, Ndola and Solwezi) were provided with technical and financial support to develop HIV and AIDS investment plans and the national HIV/AIDS/STI/TB Council was supported in successfully hosting a meeting of 500 municipal leaders to advocate for key population interventions at the subnational level.

52. Three city councils in Cameroon developed action plans to strengthen service provision for key populations (Bamenda, Douala, and Yaoundé). In the Asia-Pacific region, UNDP and WHO are rolling out a key populations-focused training package to address stigma and discrimination in health-care settings in 12 countries. In Guatemala, the initiative was expanded from two cities, Amatitlán and Escuintla, to two more municipalities, Mazatenango and Coatepeque. In the Dominican Republic, UNDP is supporting a non-governmental organization that provides pro bono legal services for key populations in Boca Chica and Santo Domingo. Boca Chica also adopted a non-discrimination ordinance. In Harare, Zimbabwe, UNFPA supported a 24-hour clinic for responding to violence against sex workers and addressing their other sexual and reproductive health and HIV needs. An evaluation of the intervention, compared to a control arm, found a huge increase of HIV testing and antiretroviral treatment uptake.

53. UNFPA continued support to networks of women living with HIV, and global networks for sex workers and men who have sex with men. This support has increased advocacy for their sexual and reproductive health and rights and enhanced their ability to contribute to HIV/sexual and reproductive health normative guidance, policymaking and programming for key populations.

54. UNDP is the principal recipient of the Multi-Country South Asia Global Fund HIV Programme grant, which promotes and protects the rights of key populations of men who have sex with men and transgender people. The programme has built a foundation for regional and country-level community networks to be essential partners in the HIV response. The programme has had a particularly strong impact in Afghanistan and Pakistan, where service provision reached more than 55,000 people and almost 10,000 were tested for HIV and received their results in 2015.

55. UNDP supported the development of the Africa Key Populations Expert Group, a group of more than 35 individuals representing four key population groups – sex workers, men who have sex with men, people who use drugs, and transgender people – drawn from sixteen countries across Africa. In 2015, the model strategic framework developed by this group was used by regional bodies such as the East African Community and the Southern African Development Community (SADC) to inform formulation of their strategies and programmes. It is also being put to use by key population organizations, as well as other national-level actors, to inform planning, implementation, and monitoring processes.

56. Assisting the review of regulatory and legal frameworks affecting key populations has improved standards for sex workers in a number of countries. UNFPA has strengthened support in Ghana, for example, where bringing law enforcement officers and sex workers together has

increased rights-based policing and reduced arbitrary arrest and violence.

57. In 2015, UNDP, supported by OCHR, civil society, academia and the private sector, launched an inclusion index for lesbian, gay, bisexual, transgender and intersex people, including a component measuring access to non-discriminatory HIV and health-care services.

58. In the Asia-Pacific region, UNFPA led the tailoring of integrated responses for key populations in seven countries and developed with partners the 'Connect-Effect' online resource to support integration of HIV and sexual and reproductive health for key populations.

Creating demand and access to condoms and lubricants

59. Male and female condoms are, at present, the only devices that offer triple protection against HIV, other sexually transmitted infections, and unintended pregnancies. Condom use has prevented an estimated 45 million HIV infections globally since the beginning of the HIV epidemic, and if 2020 condom targets are met, an additional 3.4 million could be averted. Condoms are also cost-effective: it costs about $450 to avert one HIV infection, which is well below the lifetime cost of antiretroviral therapy. Additional personal lubricants added to condoms prevent condom breakage and pain, especially during anal sex or in the context of sex work. However, no specifications exist for personal lubricants and their safe use.

60. UNFPA is the world's leading provider of sexual and reproductive health commodities to low- and middle-income countries. In 2014, it spent over $132 million, accounting for 42 per cent of all donor support for contraceptives to countries. In 2015, UNFPA supplied about 687 million male condoms, 15 million female condoms and over 16 million sachets of lubricants, mostly to Sub-Saharan Africa. Ninety seven countries supported by UNFPA reported having a functional logistical system for forecasting and monitoring reproductive health commodities. Of these, 71 per cent had no stock out of contraceptives in the past 6 months. With the help of the comprehensive condom programming tool, countries are improving the programming of and access to condoms. For example, in Uganda, male condom procurement increased from 87 million condoms in 2012 to 187 million in 2013, and 230 million by end of 2015.

61. CONDOMIZE! received a recognition award for its contribution to ending AIDS at the International Conference on AIDS and Sexually Transmitted Infections in Africa 2015. National CONDOMIZE! campaigns, which are designed to increase knowledge and awareness on the use of condoms, address myths and misconceptions about condoms, promote behaviour change, and reduce stigma, were expanded in nine countries in sub-Saharan Africa. Under the leadership of the ministries of health, UNFPA support from youth organizations, civil society organizations, campaigns reached over 360,000 people, and distributed 2.7 million male condoms and 90,000 female condoms in 2015.

62. UNFPA and USAID established a coalition with 70 private sector companies aiming to increase the number of condoms in low- and middle-income countries to 20 billion by 2020, branded the 'Africa Beyond Condom Donation'. The coalition is exploring the commercial markets and the government and private sector interest in forging partnerships and addressing regulatory and policy barriers to commercial penetration and expansion in six selected countries: Botswana, Kenya, Namibia, South Africa, Zambia and Zimbabwe.

63. UNFPA commissioned a study on the use of additional personal lubricants during anal and vaginal intercourse. This review will help guide discussions to define generic specifications for lubricants. In 2015, UNFPA and WHO prequalified two new female condoms, which will expand the choices for women and couples for safer sex.

Stopping new HIV infections among children

64. The commitment to eliminate new HIV infections among children and ensure that their mothers' health and well-being are sustained is reaffirmed in the 2016 political declaration, which emphasizes ensuring that mothers have access to immediate and life-long antiretroviral therapy.

65. Linking sexual and reproductive health and rights to HIV is an established approach to increasing access to the full range of HIV and sexual and reproductive health services. UNFPA provides technical support and legal, policy and service delivery levels. As part of 'H6+' partnership, it supported the training of 3,495 health professionals in maternal health, including e-mother to child transmission, in 10 countries.

66. National scale-up of integration of the elimination-of-mother-to-child transmission into sexual and reproductive health has been initiated in a number of sub-Saharan African countries, with some countries establishing 'one-stop shops' for maternal health, family planning and HIV services. UNFPA work on sexual and reproductive health rights and HIV linkages in Southern Africa increased the uptake of HIV and sexual and reproductive health services as a result of integrated services, improvement of infrastructure, patient flow, and capacity building of human resources.

The right to health belongs to everyone, everywhere

67. Universal respect for human rights, dignity, and equal opportunity, is crucial to building more inclusive societies (sustainable development goal 16). The 2016 political declaration recognizes that progress in protecting and promoting the human rights of people living with, at risk of, and affected by HIV has been far from adequate, and that human rights violations remain a major obstacle to HIV responses. Member States pledged to review and reform legislation that may create barriers or reinforce stigma and discrimination, and to promote access to non-discriminatory health-care services, including for populations at higher risk of HIV, specifically, sex workers; men who have sex with men; people who inject drugs; transgender people; and prisoners.

68. Under the leadership of UNDP, the Joint Programme worked with governments and civil society to conduct national dialogues on HIV and the law in 62 countries, reviewing legal and policy barriers to HIV services for people living with HIV, and key populations, as well as legal reform for adolescent health and rights. In Pakistan, this contributed to the passage of the Sindh provincial AIDS law and, in Bangladesh, to a policy recognizing transgender persons. UNDP developed a tool to undertake legal environment assessments that led the undertaking of such assessments in partnership with cosponsors and the UNAIDS secretariat in 52 countries. Follow-up to the legal environment assessments found positive changes, including adoption by the Government of Chad of a revised HIV law, and approval of a revision to remove criminalization of HIV transmission in the Democratic Republic of the Congo.

69. In Africa, UNFPA, UNDP and UN-Women supported efforts to end child marriage, including campaigns and legal reform. In January 2016, the Constitutional Court of Zimbabwe outlawed child marriages. Malawi adopted a marriage, divorce and family relations bill that increases the marriage age to 18 years. The Southern African Development Community has pledged to adopt a model law ending child marriage.

70. Despite the commitments made by United Nations Member States in the 2011 political declaration, many countries continue to debate and implement punitive laws, policies and practices against sex workers, men who have sex with men, and people who use drugs. Lack of domestic resources, limited quantitative data, and insufficient focus on key population programming perpetuate discrimination and limit the effectiveness of responses. Even where positive change has been achieved, laws and policies must be continuously monitored, since positive changes can be reversed. Limited availability of quantitative data on the impact of punitive legal environments, stigma and discrimination on investments and access to HIV services hinder efforts to insert HIV-sensitive programming into national strategic plans, national investment cases, Global Fund concept notes, and monitoring and evaluation frameworks.

Universal health coverage, social protection and integration

71. As a set of indivisible goals, the sustainable development goals require multi-stakeholder and integrated approaches. The 2016 political declaration affirms that the AIDS epidemic cannot be ended without addressing the determinants of health, vulnerability, and the holistic needs of people at risk of and living with HIV. It calls for universal health coverage and access to social protection. Adopting targets beyond HIV, Member States emphasized the importance of an integrated approach to a range of health issues, including tuberculosis, hepatitis B and C, cervical cancer, human papillomavirus, non-communicable diseases, and emerging and re-emerging diseases.

72. For universal health coverage to be effective in producing strong health improvements, and efficient in its use of resources, many countries will require innovative approaches to service coverage, demanding generation and quality. UNFPA is embracing innovations supporting sexual and reproductive health-related mobile application development, geographic information system-enabled technology, sexual and reproductive health 'hack-a-thons' engaging young technology experts, and other technological solutions to increase service coverage and utilization. Since 2011, UNFPA has led the implementation of a sexual and reproductive health and HIV linkages project in seven Southern African countries, in partnership with UNAIDS. In Botswana, integration led to an increase in women's access to both HIV and family planning services by 89 per cent. Technical support in 13 priority countries is strengthening sexual and reproductive health rights integration and programming. Unit cost reductions are being seen through UNFPA procurement of high-quality condoms for Global Fund recipient countries.

73. UNDP supports 54 countries in social protection. In 35 of those countries, UNDP has worked with governments, development partners, civil society and other stakeholders to make social protection policies and programmes HIV-sensitive, including through operational research and policy guidance, and by convening national consultations. For example, with UNDP support, the social protection programmes of the Government of India provided a total of 1.04 million benefits to people living with and affected by HIV. These included pensions, scholarships, food subsidies, and allowances for travel to treatment centres.

74. In 2015, UNDP sensitized senior government officials on how to increase coverage of the Malawi social cash transfer scheme by increasing allocative efficiencies, with attendant HIV-related benefits. UNDP published a discussion paper on cash transfers and HIV prevention that analyses the evidence on cash transfers and HIV prevention; explores key issues; and offers a set of strategies for policy and programmes, as well as research. The paper was used to develop a UNDP policy brief, co-authored by UNICEF and the Institute, on the contribution of social protection programmes to HIV prevention.

75. UNDP used its experiences in HIV governance and multi-sectoral programming to move forward on the prevention and control of non-communicable diseases. UNDP helped develop the terms of reference for a United Nations inter-agency task force on non-communicable diseases, and assisted countries in assessing the adaptability of multi-sectoral AIDS bodies to non-communicable disease responses through eight interagency task force country missions.

Financing the end of AIDS

76. In line with the 2030 Agenda and the policies and action of the Addis Ababa Action Agenda, 2015, accelerating progress in the AIDS response will require action regarding resource mobilization, efficiency gains, technology transfer and capacity building (sustainable development goal 17). To ensure that those targets can be achieved, leaders made ambitious and concrete commitments for financing and effective allocations to implement a fast-track AIDS response. Member States called for $13 billion for the fifth replenishment of the Global Fund.

77. UNFPA successfully advocated for increased investment in sexual and reproductive health, including HIV. Supporting countries in accessing new sources of funding, including through partnership with the private sector, has been a key element. The Kenya Ministry of Health-UNFPA-Philips collaboration is a new programme strengthening local health systems in six countries with

the highest rates of maternal mortality, to which HIV is a major contributor. Indicators such as the number of health facilities offering basic maternal and child health services, and the number of women giving birth in a health facility, are already improving.

78. UNFPA supported ministries of health in mobilizing domestic resources by demonstrating the economic and demographic arguments for investing in health. In the Democratic Republic of the Congo, for example, it was instrumental in the decision by the Government to spend $2.5 million of its own resources on sexual and reproductive health commodities for the first time ever.

79. Increasing allocative and technical efficiencies of HIV investments is critical to improving the sustainability of AIDS financing. UNDP, working in collaboration with the World Bank, the UNAIDS secretariat and the Global Fund, supported the development of allocative efficiency reports in eight countries in Eastern Europe and Central Asia to promote the sustainability of AIDS financing. In particular, the HIV allocative efficiency studies helped identify the optimal mix of programmes to maximize health impact.

80. Civil society engagement has long been recognized as the hallmark of an effective HIV response, and funding and space for civil society engagement are critical for its sustainability. UNDP is working with nine countries in Eastern Europe and Central Asia (Belarus, Bosnia and Herzegovina, the Former Yugoslav Republic of Macedonia, Kyrgyzstan, Moldova, Montenegro, Serbia, Tajikistan and Ukraine) to strengthen legal and regulatory frameworks in contracting non-governmental organizations to provide HIV services.

81. In 2014-2015 UNDP, as a member of a SADC think tank, supported the development of a framework of action on sustainable financing for health and HIV. A policy and dissemination plan was developed to assist the SADC secretariat in supporting policy and advocacy with its Member States.

82. In 2015, UNDP, as a member of the East African Community technical working group, supported the East African Community secretariat in conducting a sustainable financing analysis of universal HIV and health coverage. The analysis will assist Member States of the East African Community in designing country-specific sustainable financing mechanisms for health and HIV, including leveraging or raising domestic finances.

83. In June 2015, UNDP, working with the African Development Bank, convened a second regional technical meeting with 17 African countries on leveraging health and HIV financing through capital investment projects. As a result, the African Union Commission has been advocating for innovative methods to raise financing through various platforms, emphasizing that comprehensive environmental and social impact assessments can be one of the strategies to bring about improved health outcomes.

84. At the end of 2015, $19 billion was invested in the AIDS response in low- and middle-income countries. Substantial additional funding will be needed to achieve resource targets in 2020 and 2030 to bring about the end of AIDS as a global public health threat. Meanwhile, according to UNAIDS, donor government funding to support HIV efforts in low- and middle-income countries fell for the first time in five years in 2015, decreasing from $8.6 billion in 2014 to $7.5 billion.

IV. Conclusion

85. For UNDP and UNFPA to effectively support the implementation of the UNAIDS strategy, 2016-2021, and to support countries in reaching the targets of the 2016 political declaration, adequate resourcing is essential. The Joint Programme is facing a significant decline in core contributions, resulting in a shortfall of $75 million, or 30 per cent for 2016, and an estimated 40 per cent for 2017. This has resulted in a net cut in core unified budget, results and accountability framework resources of 50 per cent for cosponsors in 2016, a projected 80 per cent cut in 2017, and an 18 per cent cut for the UNAIDS secretariat. That will seriously jeopardize the capacity of UNDP, UNFPA and other cosponsors, since core unified budget, results and accountability

framework resources provide the flexible funding that finances critical capacity in the cosponsors needed not only to deliver on framework results, but also to leverage additional resources for the global AIDS response.

86. The proposed cuts will severely diminish the capacity of the cosponsors' HIV programmes, jeopardizing the effectiveness of the Joint Programme and, potentially, its very existence. Failure to secure new contributions from traditional or new UNAIDS donors over the coming months will necessitate changes to the scope of work and the very nature of the Joint Programme. The Joint Programme faces difficult decisions, ranging from curtailing engagement in countries transitioning to middle- or upper-middle-income status, to scaling back efforts to improve data collection and analysis, to reducing support to the development and implementation of national and local plans, including Global Fund programmes.

87. The sustainable development goals target of ending the AIDS epidemic requires us to redouble our efforts over the next five years. A weakened Joint Programme runs the risk of a collective failure in our ambition that could contribute to a rebound in the epidemic. At a time when the Joint Programme is being promoted as an innovative model for joint work to deliver on the 2030 Agenda, the capacity of both cosponsors and the UNAIDS secretariat must be safeguarded.